

Medical Practice Questions

EDITOR'S NOTE: *From time to time medical practice questions of general interest are referred to the Scientific Board by the Peer Review Commission of the California Medical Association. Each is sent to members of the appropriate Scientific Advisory Panel.* Their responses are collated, reviewed and then submitted to the Peer Review Commission as the Scientific Board's opinion on the scientific and practice aspects of the question. The Commission adds suggestions to assist peer review units and authorizes publication.*

These opinions and positions are informational only and are not intended to be used as instructions, directives or policy statements. The appropriateness of care in individual cases should not be determined by these answers, but should be reviewed by local peer review committees.

Questions and reprint requests may be submitted to the Medical Practice Questions Committee, Peer Review Commission, California Medical Association, 731 Market Street, San Francisco, CA 94103.

Pulmonary Parasympathectomy

QUESTION:

Is pulmonary parasympathectomy considered accepted medical practice for the treatment of severe asthma? (Asked by Blue Shield of California)

OPINION:

In the opinion of the Advisory Panel on Chest Diseases, pulmonary parasympathectomy is not accepted medical practice for the treatment of severe asthma.

Panniculectomy with Intestinal Bypass

QUESTION:

(1) Should panniculectomy, when done during intestinal bypass surgical operation, be classified as a cosmetic or a reconstructive procedure? (2) Does panniculectomy reduce or increase the operative risk and incidence of postoperative complications of intestinal bypass surgical operation? (Asked by Blue Shield of California)

OPINION:

In the opinion of the Advisory Panel on General Surgery, panniculectomy is usually done as a separate procedure after an intestinal bypass operation has been carried out; however, there

could be circumstances in which it would be reasonable to do this operation at the same time.

Most Advisory Panel members felt that panniculectomy is a reconstructive procedure. Opinion was evenly divided as to whether doing panniculectomy at the same time as intestinal bypass would increase the risk to the patient or whether this would depend on the circumstances of each individual case.

Cerebral Electrotherapy (CET)

QUESTION:

(1) Is cerebral electrotherapy (CET) acceptable medical practice for treating anxiety, body tension, insomnia, or psychosomatic disorders, or for use in opiate detoxification? (2) For any of the above for which cerebral electrotherapy is acceptable medical practice please list the recommended frequency and duration of treatment. (Asked by Blue Shield of California)

OPINION:

In the unanimous opinion of the Advisory Panels on Neurology, Physical Medicine and Rehabilitation and Psychiatry, cerebral electrotherapy (CET) is not a proven effective therapeutic modality for treating anxiety, body tension, insomnia or psychosomatic disorders, or for use in opiate detoxification. Cerebral electrotherapy should be considered experimental until controlled double-blind studies show it to have more than a placebo effect—such evaluative work is now in progress at the University of Texas and elsewhere. While the effectiveness of cerebral electrotherapy is questionable, it is a very safe procedure.

*The Scientific Board of the California Medical Association has a Scientific Advisory Panel for each of 23 recognized specialties of medical practice. Each Advisory Panel includes representation from the appropriate department of each of the eight medical schools in California, representatives of specialty societies in the field and representatives from the Specialty Sections of the Association. The Advisory Panels are thus broadly and authoritatively based in both academia and practice.